

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037816

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007 Registrar's No. 1093

STATE FILE NUMBER

FILED NOV 13 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN POPLAR BLUFF	
Length of stay in lb 4 YRS.		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT RESIDENCE		d. STREET ADDRESS (If outside, give location) 1018 PARK AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE LON MEZOE		4. DATE OF DEATH Month Day Year NOVEMBER 1, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 17, 1890 - 72 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		11. BIRTHPLACE (City and state or country) MALDEN, MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM R. MEZOE	
13b. MOTHER'S MAIDEN NAME MARY A. COOMS		14. NAME OF HUSBAND OR WIFE BIRDIE EPPHIMER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (World War I service)		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT BIRDIE MEZOE, POPLAR BLUFF, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Cor pulmonale Emphysema DUE TO (b) [REDACTED] DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 2 wks ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION POPLAR BLUFF, MO.		
21. I attended the deceased from 8:35 1960 to 1 Nov 62 and last saw him alive on 1 Nov 62 Death occurred at 8:35 1962 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Signature or title)	
22b. ADDRESS 321 Oak Park Hwy		22c. DATE SIGNED Nov 3 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-4-1962	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY	23d. LOCATION (City, town, or county) (State) MALDEN MO.
24. FUNERAL DIRECTOR DAY & KNIGHT F.H.		25. DATE RECD. BY LOCAL REG. 11/6/1962	
ADDRESS MALDEN, MO.		26. REGISTRAR'S SIGNATURE Thelma Graham	

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. R. Klueman

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.